

Backflow Assembly Test Report

Water System Name: _____ File No.: _____

Location of Assembly: _____

Owner of Assembly: _____

Address: _____ City: _____ State: _____ Zip _____

Size of Assembly: _____ Model No.: _____ Serial No.: _____

Name of Assembly Manufacturer: _____

	Check Valve #1	Check Valve #2	Differential Pressure Relief Valve	Pressure Vacuum Breaker
I N T I A L	R P PSI Across _____	PSI Across _____	Opened at ____ # Opened Under 2# or did not open Q	AIR INLET: Opened at ____ # Opened Under 1# or did not open Q
	D C Closed Tight Q Leaked Q	Closed Tight Q Leaked Q		CHECK VALVE: Closed Tight Q Leaked Q
R E P A I R S	Cleaned Q	Cleaned Q	Cleaned Q	Cleaned Q
	Replaced:	Replaced:	Replaced:	Replaced:
	Disc Q	Disc Q	Disc Q	Air Inlet Disc Q
	Spring Q	Spring Q	Spring Q	Air Inlet Spring Q
	Guide Q	Guide Q	Diaphragm Q	Check Disc Q
	Pin Feather Q	Pin Feather Q	Seat(s) Q	Check Spring Q
	Hingepin Q	Hingepin Q	O-ring(s) Q	Other (describe) Q
	Seat Q	Seat Q	Module Q	
	Diaphragm Q	Diaphragm Q	Other (describe) Q	
	Other (describe) Q	Other (describe) Q		
FINAL TEST	PSI Across _____ Closed Tight Q	PSI Across _____ Closed Tight Q	Opened at ____ # Reduced Pressure	Satisfactory Q

Initial Test By: _____ Certification No. _____ Date: _____

Repaired By: _____ Date: _____

Final Test By: _____ Certification No. _____ Date: _____

This assembly's INITIAL TEST performance was: Satisfactory **Q** Unsatisfactory **Q**

This assembly's FINAL TEST performance was: Satisfactory **Q** Unsatisfactory **Q**

I certify the above test has been performed and I am aware of the final performance.

BY: _____ Assembly Owner Representative

Distribution: White - Assembly Owner • Pink - Tester • Canary - Water Utility